DERAL EMERGENCY MANAGEMENT AGENCY IATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires July 31, 2002

TELEPHONE

928-779-4505

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME Policy Number FRANCIS HARKEY BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg, No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 215 N. HUMPHREYS CITY STATE ZIP CODE FLAGSTAFF 86001 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) COCONINO COUNTY ASSESSORS PARCEL NO. 100-10-020 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary) RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): ☐ NAD 1927 ☐ NAD 1983 (### - ### - ### ### or ## ######) USGS Quad Map Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** B3. STATE FLAGSTAFF, ARIZONA 040020 COCONINO ARIZONA **B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX DATE B7. FIRM PANEL** B8. FLOOD ZONE(S) B9. BASE FLOOD ELEVATION(S) NUMBER 8-02-96 **FFFECTIVE/REVISED DATE** A5 (Zone AO, use depth of flooding) 0007 8-02-96 6904 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. FIS Profile **⊠** FIRM Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in B9; X NGVD 1929 NAVD 1988 Other (Describe): SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: Construction Drawings* □ Building Under Construction* Finished Construction BLDG. RENOVATION 10-24-02 *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used, If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum NGVD29 Conversion/Comments Elevation reference mark used N/A Does the elevation reference mark used appear on the FIRM? Yes No a) Top of bottom floor (including basement or enclosure) 6900. 61 ft.(m) Embossed Seal, b) Top of next higher floor 6902.62 ft.(m) and Date c) Bottom of lowest horizontal structural member (V zones only) NA. ft(m) d) Attached garage (top of slab) <u>NA</u>. __ft.(m) 18215 e) Lowest elevation of machinery and/or equipment JAMES A icense Number, Signature, **FOLKERS** servicing the building 6901.1ft(m) f) Lowest adjacent grade (LAG) 6900 . 96ft.(m) g) Highest adjacent grade (HAG) 6901.64ft.(m) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 2 ☐ i) Total area of all permanent openings (flood vents) in C3h <u>576</u> sq. in. (sq. cm) SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME JAMES A. FOLKERS LICENSE NUMBER AZ 18515 TITLESURVEY MANAGER COMPANY NAME WFM, INC **ADDRESS** CITY STATE ZIP CODE 405 N BEAVER ST AUTE 7 86001 FLAGSTAFF

DATE 9902

SIGNATURE

SILCIDING STREET ACCRESS (Invacing Act, Unit, Suite, and 21 SN, HUMPHREYS) CITY RACISTAFF SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) Copy both sides of this Devation Certificate for (1) community official, (2) insurance agentification grant, and (3) building owner. COMMENTS SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) COPY both sides of this Devation Certificate for (1) community official, (2) insurance agentification grant, and (3) building owner. COMMENTS SECTION E - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) COMMENTS SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BEE for Zone AO and Zone A (without BFE), complete items (1) through E.I. If the Devation Certificate is intended for use as supporting information for al. CMAC (accident crimus to completed)—see pages 6 and 7. If in represents the building, provide a sketch or pholograph.) 2. The typ of the bottom floor (including basemant or ancissure) of the building is	ance Company Use:	For Insurance	All the second s	n Philippen Andrews and Andrews Construction of the Construction o	tion A.	information from Sec	corresponding	RTANT: In these spaces, copy the	IMPORTA
RAGSTAFF SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) Copy both sides of this Bevation Certificate for (1) community official (2) insurance agent/company, and (3) building owner. COMMENTS BENCHMARK BRUSS CAP IN HANDHOLE AT INTERSECTION OF HUMPHNEYS STREET AND BIRCH AVENUE, CITY OF FLAGSTAFF POINT BYB184455, ELEVATION = 888.37. FLOOR OF STRUCTURE IS NOT LEVEL - ELEVATION PANGES FROM 892.27 TO 5902.81 BUILDING CONTIANS 3788.87. Check I SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BREE) FOR ZONE AO and Zone A (Without BPE), complete leme E1 through E4. If the Everation Certificate is intended for use as supporting information for a LOMA of a complete. SECTIONE - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BREE) FOR ZONE AO and Zone A (Without BPE), complete lemes E1 through E4. If the Everation Certificate is intended for use as supporting information for a LOMA of a complete. Building Diagram Number _ (Seed the building diagram most similar to the building for which this certificate is being completed — see pages 6 and 7. If no expressed is the building, provide a sketch or photograph.) The top of the bottom floor (including basement or endosure) of the building is1(m)n(m) above or below (check one) the highest adjal. FOR ZONE AO only. If no flood depth number is available, is the top of the bottom floor elevated floor (elevation by of the building is1(m)n(m) above the grade. FOR ZONE AO only. If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management	mber	Policy Numb			THE PERSON OF PERSONS AND PERSONS ASSESSMENT OF THE PERSON	NAMES AND ADDRESS OF THE PARTY	-	NG STREET ADDRESS (Including Apt., U	BUILDING S
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